

1.) CORPORATION NAME:

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

DUE DATE: **6/30/2011**

SCC ID NO: **F0267734**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE KAISER PLAZA

CITY/ST/ZIP: OAKLAND, CA 94612-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KATHY LANCASTER
TITLE: EXEC VP/CFO
ADDRESS: 1 KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

☒ OFFICER

☐ DIRECTOR

NAME: BERNARD J TYSON
TITLE: EXEC VP
ADDRESS: 1 KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

☒ OFFICER

☐ DIRECTOR

NAME: MARILYN J KAWAMURA
TITLE: PRESIDENT
ADDRESS: 2101 E JEFFERSON ST
CITY/ST/ZIP/CO: ROCKVILLE, MD 20852-

☒ OFFICER

☐ DIRECTOR

NAME: MARK S ZEMELMAN
TITLE: SR VP/GC/S
ADDRESS: 1 KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

☒ OFFICER

☐ DIRECTOR

NAME: VICTORIA B ZATKIN
TITLE: ASST SECRETARY
ADDRESS: 1 KAISER PLAZA
CITY/ST/ZIP/CO: OAKLAND, CA 94612-

☒ OFFICER

☐ DIRECTOR

NAME:	GEORGE C HALVORSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	DANIEL P GARCIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	CHRISTINE K CASSEL, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	JUDITH A JOHANSEN, JD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	EDWARD PEI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	CYNTHIA A TELLES, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	THOMAS W CHAPMAN, EDD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	J EUGENE GRIGSBY, III, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	PHILIP A MARINEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		
NAME:	J NEAL PURCELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 KAISER PLAZA		
CITY/ST/ZIP/CO:	OAKLAND, CA 94612-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R GRABER DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM J KAISER DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNY J MING DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA P THOMPkins, JD DIRECTOR 1 KAISER PLAZA OAKLAND, CA 94612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VICTORIA B ZATKIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICTORIA B ZATKIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/14/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			